

## Personal Details

1st Member Full Name:	
Date of Birth:	British Fencing No:
2nd Member Full Name:	
Date of Birth:	British Fencing No:
3rd Member Full Name:	
Date of Birth:	British Fencing No:
Parent/Guardian Name if Under 18:	
Address:	
Home Phone:	Mobile:
Email:	
Emergency Contact Name:	Tel Number:

## Medical Information

<p>Please give full details of any medical conditions/allergies that we need to be aware of. All medical information gathered will be held by Salle Holyrood for the purposes of club management, and club coaches to ensure the safety of the member to participate in activities associated with fencing. It is a requirement of membership that medical information which may affect the fencer whilst under our supervision is provided.</p>
--

## Membership Type

Membership Type	Cost	Tick
Full Member	£40	
Junior Member (under 18)	£30	
Concessionary Member (student, non-working)	£30	
Family Package: 1 adult plus 1 child under 18	£60	
Family Package: Any 3 family Members	£70	

## Consent Information

I give permission for Salle Holyrood to take photographs of all members on this membership form, and to use these photographs for Salle Holyrood publications (Website / Facebook / Paper Literature / Posters)	
Signed:	Date:
I give permission for my contact details to be shared among Salle Holyrood management and coaches to inform me of club information and relevant events	
Signed:	Date:
I give consent to medical treatment, either from a club coach or medial team, for any injury sustained during fencing related activities or where deemed urgently necessary for other health reasons.	
Signed:	Date:
I understand and agree that neither the club, coaches, management committee, members of the club, or volunteers (including refereeing or catering) are under any liability whatsoever for any damage to or loss of any property belonging to the member whether on the club's premises or facilities or elsewhere	
Signed:	Date:
I understand and agree to pay the monthly membership fee by standing order. I agree to give the club four weeks notice if I wish to stop attending.	
Signed:	Date: